

number of healthy nucleated cells, interspersed with some that were diseased; the latter were larger than the former, and contained within them smaller cells. In the substance of the tumour numerous fibrous bands might be discerned with the naked eye. The tumour was highly organized, and very vascular. Mr. Bowman thought the case extremely interesting from the unusual size of the tumour, the slowness of its growth, (ten years,) and the absence of any disturbance in the functions of the brain.

23. On Photuria, or Luminous Urine.—Cases, however rare, have been cited, in which the urine, as it passed from the urethra, had a luminous appearance. The phenomenon has not been explained, wherefore the following case, with the observations of M. Fallot, will be read with interest:—

A man, aged sixty, had for many years, at intervals, passed luminous urine; the luminous appearance was most distinct as the fluid dashed on the ground, but a few sparks were seen in the stream as it passed from the urethra. Examination discovered nothing particular in the fluid, which varied in its constituents according to circumstances.

M. Fallot thinks that these cases would be found to be more common if attention were directed to them, but that as the affection is not accompanied by any notable derangement of health, it passes unobserved. In the case referred to, the patient had never alluded to the circumstance until he was questioned concerning it, in consequence of its being accidentally witnessed by M. Fallot.—*Prov. Med. and Surg. Journ.*, Oct. 1848, from *Rev. Med. Chirurg.*, July, 1848.

24. The Vibration of the Thoracic Walls,—a Diagnostic Sign of Disease.—By the term thoracic vibration, M. MONNERET designates the oscillation of the parieties of the chest, perceptible by the application of the hand upon the thorax of a person who sings or speaks aloud. The vibrations are more distinct in the right side than in the left,—and in the interior than in the posterior regions. The vibration is propagated from the larynx, by the walls of the air tubes, by the solid elements of the thoracic parieties, and by the air contained in the lungs. The larynx is the sonorous instrument, and the phenomena perceptible by the application of the hand, are caused by the propagation of the undulations of sound, through the agency of good conductors. By disease of the chest, the physical conditions of these conductors being modified, the pectoral vibrations undergo changes, which Dr. Monneret has studied for the purpose of discriminating from each other the various alterations of the respiratory organs.

The vibration is increased in pneumonia, and first stage of consumption; it is diminished in pleurisy, emphysema, and pulmonary excavations.

In pneumonia thoracic vibration is invariably increased; and to that degree, that even when the signs furnished by auscultation and percussion are still of a doubtful nature, a positive diagnosis may be obtained,—a circumstance peculiarly advantageous in the diseases of infancy, when auscultation is difficult, and its results questionable. The phenomena of vibration are also increased in pulmonary œdema,—a fact testified in the last stages of disorders of the heart. In the first period of consumption when the lung is condensed by the presence of crude tubercular masses, it often happens, that auscultation furnishes only negative signs, or increased roughness of the respiratory murmur, so slight as to leave some hesitation in the mind of the observer. In such cases, says Dr. Monneret, the diagnosis is powerfully assisted by the application of the hand, whilst the patient speaks aloud—the vibration being invariably increased in the diseased regions. Again, in pleurisy, attended with the formation of plastic adhesions and false membranes, no fluid being exuded between the lung and the thoracic walls, the vibration caused by the voice is considerably augmented.

It is, on the contrary, diminished or abolished in pleurisy, when liquid effusion has taken place. The increase or diminution of the morbid secretion are also marked by corresponding modifications in the transmission of sound to the hand. In pulmonary excavations of some extent, the vibration of voice is decreased or altogether abolished; but, on the margin of the cavities, it is on the contrary increased by the condensation of the lung around the ulceration. In pneumothorax, Dr. Monneret had four times occasion to study the vibrations of the walls of the

ghest, and in all the cases he found them abolished in the regions corresponding to those occupied by the effusion of air. In pulmonary emphysema, also, the undulations of sound perceptible to the hand are diminished,—a fact easily accounted for by the rarefaction of the tissue of the lungs.

Thus, the study of the vibration of the thoracic walls can be made available in the diagnosis of doubtful cases, and forms a valuable addition to the other physical signs of thoracic disease.—*Med. Times*, from *Revue Med.-Chirurgicale*, Sept. and Oct. 1848.

25. *On Influenza and Cholera.*—DR. MARC D'ESPINE, after describing the epidemic of influenza which prevailed at Geneva during the present year, institutes a parallel between the progress of that disease and the cholera.

1. Influenza is a “peregrinating” disease, which has never appeared spontaneously in Geneva, as shown by the history of seven epidemics in 60 years. 2. If seasons and meteorological conditions are not without their influence on the physiognomy of the disease, its general diffusion, and the nature of its complications, they seem to be powerless as regards the epochs of its appearance and duration. 3. It is propagated successively from one country to another, but with varying rapidity in different directions. Thus, latterly, it has more rapidly extended itself from Paris to Marseilles, than from Paris to Geneva. 4. Thus far influenza and cholera agree; but a first difference between them is, that while cholera seems to radiate from towns to the adjacent country, as if, to develop its influence, it required agglomerations of people, influenza seems to act during its route just as easily upon the scattered inhabitants of rural districts as upon those of crowded towns. 5. Both diseases, contrary to most epidemic affections, may attack the same individuals several times. 6. While cholera attacks rather more males than females, influenza attacks a decidedly larger proportion of the latter. 7. Children are generally spared by both diseases. While cholera commits great havoc among the aged, influenza especially attacks those between the ages of 20 and 40; but this difference becomes effaced when, instead of the number attacked, we count the mortality; for as influenza is seldom fatal before 50 or 60, like cholera, it carries off a large proportion of the aged. 8. The influenza, like the cholera, is a general disease, affecting the entire organism, and its physiognomy is characteristic enough to enable us to distinguish it from other acute diseases. Yet it approaches nearest to catarrhal affections, just as cholera does to acute diseases of the digestive organs. 9. Influenza is scarcely ever mortal in its simple state, becoming so from complication with thoracic inflammations. 10. An epidemic of influenza is not accompanied with any diminution in the number or mortality of the ordinary diseases of the season and place. During the prevalence of cholera at Paris in 1832, the number of deaths unconnected with it was just the same as if it had not been present. 11. Although influenza and cholera are diseases of very different severity, their mortuary effect does not vary so much as might be supposed. The epidemics of influenza in 1837 and 1848 nearly doubled the mortality of the populations on which they fell, which is much about what the cholera did in Paris in 1832. It is true the cholera lasted, not two months like the influenza, but six; and though causing one death in every two, attacked only one in twenty, while the influenza attacks one-half of the population. 12. While the influenza may appear several times without necessarily being followed by the cholera, this last would seem to be generally preceded by it.—*Brit. and For. Med.-Chir. Rev.*, Oct. 1848, from *Gaz. Méd. de Paris*, Nos. 20 and 21. 1848.

26. *On Delirium in Pneumonia.* By M. GRISOLLE.—This phenomena is of importance, not only because it may arise from different causes, offering opposite indications, but also because it may, in some cases, give rise to the belief in the existence of a cerebral disease, when in fact the affection is seated in the lungs. And the necessity of a complete examination of the organs is shown by the fact, that where this has been neglected, it has not uncommonly happened that persons have been carried to lunatic establishments on account of a temporary mania, developed during the acute stage or the resolution of pneumonia.

A third part of such cases manifest themselves in persons addicted to drinking;